

AMENDED IN SENATE JUNE 16, 2009

AMENDED IN ASSEMBLY MAY 14, 2009

AMENDED IN ASSEMBLY APRIL 28, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 361

**Introduced by Assembly Member Bonnie Lowenthal
(Coauthors: Assembly Members Ammiano, Coto, and Torlakson)**

February 23, 2009

An act to add Section 4610.3 to the Labor Code, relating to workers' compensation.

LEGISLATIVE COUNSEL'S DIGEST

AB 361, as amended, Bonnie Lowenthal. Workers' compensation: treatment authorization.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of his or her employment. Existing law requires every employer to establish a medical treatment utilization review process, in compliance with specified requirements, either directly or through its insurer or an entity with which the employer or insurer contracts for these services.

Existing law authorizes an employer or insurer to establish or modify a medical provider network for the provision of medical treatment to injured employees, and to submit a medical provider network plan to the administrative director for approval. Existing law permits employers to enter into contracts for the provision of medical services to injured employees with a health care organization that has been certified by the administrative director for this purpose.

This bill provides that, regardless of whether an employer has established a medical provider network or entered into a contract with a health care organization, an employer that authorizes medical treatment shall not rescind or modify that authorization after the medical treatment has been provided for any reason, including, but not limited to, the employer's subsequent determination that the physician who treated the employee was not eligible to treat that injured employee. This bill provides that its provisions shall not be construed to expand or alter the benefits available under, or the terms and conditions of, any contract, including, but not limited to, existing medical provider network and health care organization contracts. The bill would also provide that its provisions shall not be construed to impact the ability of the employer to transfer treatment of an injured employee into a medical provider network or health care organization.

The bill would further provide that its provisions shall not be construed to establish that a provider of authorized medical treatment is the primary care physician for specified purposes.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 4610.3 is added to the Labor Code, to
- 2 read:
- 3 4610.3. (a) Regardless of whether an employer has established
- 4 a medical provider network pursuant to Section 4616 or entered
- 5 into a contract with a health care organization pursuant to Section
- 6 4600.5, an employer that authorizes medical treatment shall not
- 7 rescind or modify that authorization after the medical treatment
- 8 has been provided based on that authorization for any reason,
- 9 including, but not limited to, the employer's subsequent
- 10 determination that the physician who treated the employee was
- 11 not eligible to treat that injured employee.
- 12 (b) This section shall not be construed to expand or alter the
- 13 benefits available under, or the terms and conditions of, any
- 14 contract, including, but not limited to, existing medical provider
- 15 network and health care organization contracts.
- 16 (c) This section shall not be construed to impact the ability of
- 17 the employer to transfer treatment of an injured employee into a
- 18 medical provider network or health care organization.

1 *(d) This section shall not be construed to establish that a*
2 *provider of authorized medical treatment is the physician primarily*
3 *responsible for managing the injured employee's care for purposes*
4 *of rendering opinions on all medical issues necessary to determine*
5 *eligibility for compensation.*

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